## **STATEMENT OF**

FORM 1	ORGANIZ (See instruction			
1. NAME OF COMMITTEE (in	(Check if name	Example: If typying, type over the lines	12FE4M5	Office use only
National Star	Route Mail Contractors Associat	tion Political Action Comm		
		root NE	шш	
ADDRESS (number and	street) 324 East Capitol Str	eet, NE 		
(Check if address is changed)	Washington		<u>pc</u>	20003   -
		CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e	,		
(Check if address is changed)	JMaraney@nsrmca.	.net 		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	5		<u> </u>	1111111
2. DATE 0.8			_	
3. FEC IDENTIFICA	TION NUMBER	C C00163311		
4. IS THIS STATEM	NEW (N) OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my known	owledge and belief it is true, correct a	and complete	
Type or Print Name of	Treasurer John V. Marane	у		
Signature of Treasurer	Electronically Filed by <b>John V. M</b>	Maraney	Date 08	29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information ma	ay subject the person signing this Sta		
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)